

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C 20549

### FORM D

OMB Approval OMB Number, 3235-0076 Expires: November 30, 2001 Estimated average burden hours per response . . . 16.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USI	E ONLY
Prefix 	Serial 
DATE RE	CEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Brochet Capital Partners, L.P.	
Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ☒ Rule 506 □ Section	
Type of Filing: New Filing Amendment	1/2 cs 5/2
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	the state of the s
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Brochet Capital Partners, L.P.	= = = = = = = = = = = = = = = = = = = =
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1229 19th Street N.W., Washington, D.C. 20036	(800) 206-0941
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business Private Investment Company making i	nvestment in and trading
of listed securities, over the counter s	securities and
initial public offerings.	
Type of Business Organization	
	other (please specify):
business trust	
Month Year	·
Actual or Estimated Date of Incorporation or Organization:  0 4 0	4 Actual D Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for	State; PROCESSED
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	100 EE 2004
Federal:	THOMSON

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et sequinance par la company de 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice consittues a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemp tion unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OIVIB control number.

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### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;
     and

Each general and ma	anaging partner c	of partnership issuers.			••
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owne	er 🛛 Executive Officer	☐ Director	ElGeneral and/or Managing Partn
Full Name (Last name first, Alain Chetri	if individual) t				
Business or Residence Address 1229 19th Sta	•	Street, City, State, Zip C . Washington,			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	XX Executive Officer	☐ Director	MGeneral and/or Managing Partne
Full Name (Last name first, i Brooks McFee	if individual) ely				
Business or Residence Addre 1229 19th St	ss (Number and creet N.W	Street, City, State, Zip Co., Washington,	ode) D-C 20036		<del></del>
Check Box(es) that Apply:	☐ Promoter		☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Business or Residence Addres	ss (Number and S	Street, City, State, Zip Coo	de)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and S	treet, City, State, Zip Coo	de)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and S	treet, City, State, Zip Cod	(e)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and S	treet, City, State, Zip Cod	e)		

	_
1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?	Yes No
Answer also in Appendix, Column 2, if filing under ULOE.	
2. What is the minimum investment that will be accepted from any individual?	<sub>\$</sub> 250,000
SUBJECT TO WAIVER BY GENERAL PARTNER.	ـــــــــــــــــــــــــــــــــــــ
3. Does the offering permit joint ownership of a single unit?	Yes No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly commission or similar remuneration for solicitation of purchasers in connection with sales of securities of offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only	in the SEC ed are
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	tates
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MI] [MS] [MO] $[MT]$ [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OK] [OK] [PA]	
[RI] [SC] [SD] [TN] [TX] [UT] [VA] [WA] [WV] [WI] [WY] [PR]	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	ates
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[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VA] [WA] [WV] [WI] [WY] [PR]	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer :	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	ates
(Check "All States" or check individual States)	
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[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [PA]	
[RI] [SC] [SD] [TN] [TX] [UT] [VA] [WA] [WV] [WI] [WY] [PR]	

B. INFORMATION ABOUT OFFERING

(Use blank sheet, or copy and use additional coopies of this sheet, as necessary)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amou already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box  and indicate in the column below the amounts of the securities of fered for exchange and already exchanged.  Type of Security	er- f-	ggregale	A
	Offe	ring Pri	ice Sold
Debt		_0	
Equity	\$	_0	
Common Preferred			
Convertible Securities (including warrants).			_ \$0
Partnership Interests.			100 \$ 100,000
Other (Specify)			_ \$0
Total	\$100	0000	00\$100,000
Answer also in Appendix, Column 3, if filing under ULOE			
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		mber estors	Aggregate Dollar Amount
		1	of Purchases
Accredited Investors.		<u> </u>	\$ 100,000
Non-accredited Investors			
Total (for filings under Rule 504 only)			\$0_
Answer also in Appendix, Column 4, if filing under ULOE			
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.			
Type of offering	Тур	e o <b>f</b>	Dollar Amount
D 1 606	_	urity	Sold
Rule 505			\$0
Regulation A	0		\$0
Rule 504	$-\frac{0}{0}$		\$ 0 0
Total			\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees			\$0
Printing and Engraving Costs			<u>\$ 716.10</u>
Legal Fees.			\$6,500
Accounting Fees			\$0
Engineering Fees			\$0
Sales Commissions (Specify finder's fees separately)			<u>\$0</u>
Other Expenses (identify) Entity Formations			\$ 475.00
Total		п	7,691.10

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSE	S AND USE OF PROCEED
b. Enter the difference between the aggregate offering price given in response to Part (Question I and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	C- ce
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnis an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above.	h d
	Payments to Officers, Directors, & Payments To Affiliates Others
Salaries and fees	\$ 0 0 \$6,500
Purchase of real estate	\$ 0 0 5 0
Purchase, rental or leasing and installation of machinery and equipment	\$ 0 0 \$ 0
Construction or leasing of plant buildings and facilities.	\$ 0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger.	\$O\$O
Repayment of indebtedness	\$O □ \$O
Working capital	\$_0
Formation Costs	\$ <u>0</u>   \$\\ 475.00
Column Totals	s = 0 $0$ $s = 7,691.10$
Total Payments Listed (column totals added)	$0.5^{-7,691.10}$
D. FEDERAL SIGNATURE	
issuer has duly caused this notice to be signed by the undersigned duly authorized person. If	this notice is filed under Rule 505, the

5.

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-agreedited investor pursuant to paragraph (b) (2) of Rule 502.

Issuer (Print or Type)	Signature	Date
Brochet Capital Partners	L. IIIIII	1/13/04
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Alain Chetrit	Manager of General Partn	er

### **ATTENTION**

	E. STATE SIGNATURE		
	52 (c), (d), (e) or (f) presently subject to any of the disqualification	Yes	No <b>1</b> 20
See Appe	ndix, Column 5, for state response.		
<ol><li>The undersigned issuer hereby undertakes Form D (17 CFR 239.500) at such times a</li></ol>	to furnish to any state administrator of any state in which this notice is first required by state law.	led, a noti	ce on
<ol> <li>The undersigned issuer hereby undertakes issuer to offerees.</li> </ol>	to furnish to the state administrators, upon written request, information f	umished b	y the
Limited Offering Exemption (ULOE) of	issuer is familiar with the conditions that must be satisfied to be entitled f the state in which this notice is filed and understands that the issue on of establishing that these conditions have been satisfied.		
The issuer has read this notification and knows undersigned duly authorized person.	s the contents to be true and has duly caused this notice to be signed on its	behalf by t	he
Issuer (Print or Type)	Signature Date 7/13/34		
cochet Capital Partners,	T. P. //////////////////////////////////		
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Alain Chetrit	Manager of General Partner		

Instruction:

Alain Chetrit

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

1		2	3			4		T	5
	non-ac inves	to sell to ceredited tors in tate	Type of security and aggregate offering price offered in state (PartC-Item 1)		Type of investor and amound purchased in State (Part C-Item 2)				
				Number of Accredited		Number of Nonaccredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL					ļ				
AK	 								
AZ									
AR									<u></u>
CA									
CO									
CT									
DE						·			
DC									
FL									
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KY		·							
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ME									X
MD		X	100000000	1	100,0	10 -0-	0-		
MA									
MI			1.						
MN									
MS									
мо					l				

### APPENDIX

1		2	3	T		4		T	5	
	Inten	d to sell						Disqu	ualification	
-	1	to	Type of security						under State ULOE (if yes,	
	1	ccredited stors in	and aggregate offering price	1					attach	
		tate	offered in state			of investor and purchased in Sta	te	expla	nation of r granted)	
<u> </u>	(Part I	3-Item 1)				rt C-Item 2)		(Part	E-Item 1)	
				Number of Accredited		Number of Nonaccredited				
State .	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
MT				<del></del>						
NE										
NV								<del></del>		
NH		 								
NJ										
NM										
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